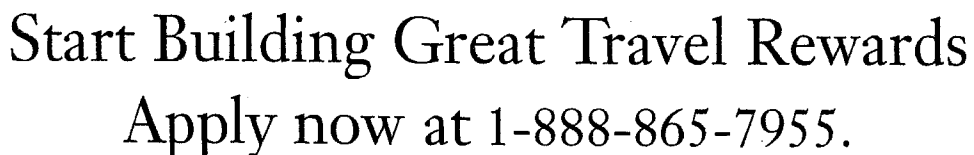


Every Day.

-
- UNITED**
Mileage Plus.



4BSW06

yourself every day.

Apply your kids to the movies, your car to the gas station, or yourself to the gym and getting miles in return. Miles that can add up to your dream United Mileage Plus Visa® card with Visa Signature benefits, rewards, and things you do every day. Apply now and receive 15,000 bonus miles. First purchase to get you started.

15,000 bonus miles after 1st purchase.¹

1 mile for every \$1 you spend on purchases.²

One-Class Upgrade Certificate³

\$25 United Discount Travel Certificate⁴

to \$1,000,000 Travel Accident Insurance⁵

15,000
Bonus Miles
after your first
purchase.¹

Please see important information about rates, fees and other costs included with this offer.

United Mileage Plus® Signature Visa® Application

Please tell us about yourself

Please print in black ink, one character to a box.

Please Enter Your United Mileage Plus Number

☐ I am not a Mileage Plus member. Please enroll me and assign me a member number.

First Name (Required)

Middle

Last Name (Required)

Date of Birth (required)

Social Security Number (required)

Home Telephone (required)

Mother's Maiden Name (for security purposes)

☐ Rent ☐ Own ☐ Other
Residence (check one)

Street Number (required)

Street Name (required—no P.O. Boxes accepted)

Apt No.

Yrs Mos
Length of Time at Present Address

City (required)

State (required)

Zip (required)

Monthly Housing Payment

E-Mail Address (optional) here, and we'll keep you informed of upcoming special values via e-mail.

Please Check if You Have:

☐ Checking Account
☐ Savings Account

Present Employer

Business Telephone

Occupation/Position

Yrs Mos
Time with Present Employer Annual Household Income*

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

☐ YES! Please send the below authorized user a free additional card:



T029

First Name

Initial

Last Name

BALANCE TRANSFER OPTION Transfer the amount(s) shown from the MasterCard®, Visa®, Discover®, American Express®, or any store card account(s) listed below to my new account:

1.

Amount

Account Number (refer to credit card)

2.

Amount

Account Number (refer to credit card)

3.

Amount

Account Number (refer to credit card)

X

Your Signature

Date

Authorization: I certify that I am at least 18 years of age, and that I have read and agreed to all of the terms, authorizations and disclosures included with this form, and that everything I have stated in this application is true and correct. I agree that Bank One and the partner named in this offer may share information about me and my account(s).

APC4619_FSI59357_7955

33WS

4BSW06

Michael Alcott

From: FakeIdGuru [webmaster@fakeidguru.com]
Sent: Wednesday, January 12, 2005 12:06 PM
To: [REDACTED]
Subject: [REDACTED]
Importance: High

Hello Advanced Financial Group,

We successfully received the order form submitted by you and attachments.

Your invoice [REDACTED]

Follow the easy directions below and we will be making your order in a few hours.

Do a Western Union Money Transfer to our employee in charge of receiving funds. His contact information is as follows:

Receiver's Name: Carsten
Receiver's Last Name: Elsoe
Receiver's City: Hojslev
Receiver's Country: Denmark

Pay with cash at your local Western union location. If you do not already know your closest location visit www.westernunion.com to find it.

Pay by credit card online at www.westernunion.com (if you pay online with your credit card Western Union will call your billing phone number to verify payment. This is their policy for all credit card money transfers not just for your order from us. Your payment will NOT be valid until you verify it by phone, so please do not fill out the form from the link below until it is verified.)

Once you have made payment fill out our Payment Confirmation Form at http://www.fakeidguru.com/payment_confirm.php

Now sit back and relax. In just a few short days the "new you" will be delivered to your shipping address discreetly packaged.

Sincerely,
Guru Designs
www.fakeidguru.com

Please confirm payment as requested above within 24 hours of submitting the order form or your order will be deleted (no exceptions).

U.S. Department of Justice
Immigration and Naturalization ServiceOMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #
City			Date of Birth (month/day/year)
State			Social Security #
Zip Code			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien # A)
☐ An alien authorized to work until ____/____/____
 (Alien # or Admission #)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B/	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any) ____/____/____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

Form W-4 (2002)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 16, 2003. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using **Form 1040-ES, Estimated Tax for Individuals**. Otherwise, you may owe additional tax.


Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.


Nonresident alien. If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See Pub. 919, especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$125,000 (Single) or \$175,000 (Married).


Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.


Personal Allowances Worksheet (Keep for your records.)


A Enter "1" for **yourself** if no one else can claim you as a dependent **A** 


B Enter "1" if: **B** 

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.


C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** 

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** 


E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** 


F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** 

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit): **G** 


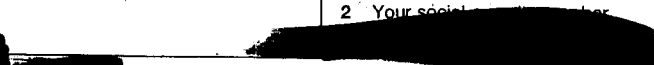



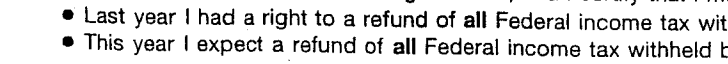
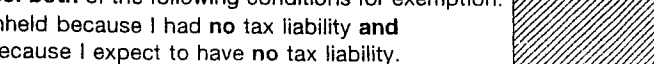
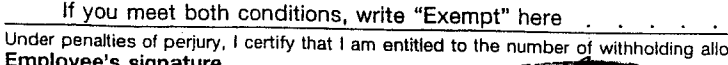



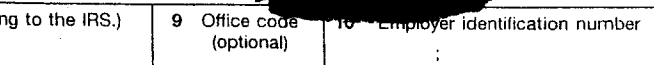


- If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children.
- If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children.

H Add lines A through G and enter total here. **Note:** This may be different from the number of exemptions you claim on your tax return. **H** 

For accuracy, complete all worksheets that apply. **H** 

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$35,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 <div style="font-size: 2em; font-weight: bold;">2002</div>
► For Privacy Act and Paperwork Reduction Act Notice, see page 2.				
1 Type or print your first and middle initial, Last name 		2 Your social security number 		
3 Home address (street, city or town, state, and ZIP code) 		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new 		5 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2 		
6 Additional amount, if any, you want withheld from each paycheck 		6 \$ 		
7 I claim exemption from withholding for 2002, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"> • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.) 		Date 		
8 Employer's name and address (lines 8 and 10 only if sending to the IRS.) 		9 Office code (optional) 		
10 Employer identification number 		11 Employer's name and address (lines 11 and 12 only if sending to the IRS.) 		



1212

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
ALBANY

CERTIFICATE OF BIRTH REGISTRATION

This is to certify that a birth certificate has been filed for

Born on _____, at Buffalo, N. Y.

Son _____

Daughter of _____ and _____
(name of father)

(maiden name of mother)

Victor C. Silverstein

LOCAL REGISTRAR

613 CITY HALL, BUFFALO 2, N. Y.

ADDRESS

Date Filed _____

THIS CERTIFICATE IS EVIDENCE OF AGE, PARENTAGE AND PLACE OF BIRTH AND SHOULD BE CAREFULLY PRESERVED
Ask the physician or clinic to fill in the spaces below when the child is immunized.

Date

Physician or clinic

Immunized against smallpox _____

Immunized against diphtheria _____

Immunized against tetanus _____

Immunized against poliomyelitis _____

Immunized against _____

Massachusetts Driver's License

Date of Birth Expires Sex Height Class Number

Immigration and Naturalization Service

OMB No. 1145-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.


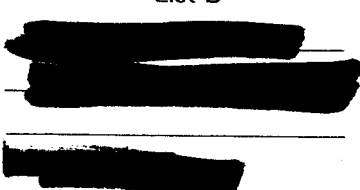
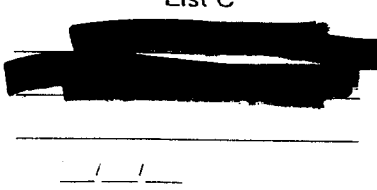
Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)			Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that Federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.			I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> Citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A) <input type="checkbox"/> An alien authorized to work until / / (Alien # or Admission #)
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____				
Issuing authority: _____				
Document #: _____				
Expiration Date (if any): ____/____/____				
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Representative	Print Name	Date (month/day/year)
Business or Organization Name		
Street Name and Number, City, State, Zip Code		

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility		
Document Title	Document #	Expiration Date (if any)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

Form W-4 (2002)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 16, 2003. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using **Form 1040-ES**, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See Pub. 919, especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____
- B** Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. **B** _____
- C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____
- D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____
- E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____
- F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
- (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G** **Child Tax Credit** (including additional child tax credit):
 • If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children.
 • If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. **G** _____
- H** Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. **H** _____
- For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$35,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.		OMB No. 1545-0010 2002
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2002, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it.)		Date		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number	

Form W-4 (1999)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1999 expires February 16, 2000.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer allowances.**

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, Is My Withholding Correct for 1999?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet

- A** Enter "1" for yourself if no one else can claim you as a dependent **A** _____
- B** Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. **B** _____
- C** Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.) **C** _____
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____
- E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____
- F** Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit **F** _____
- G** Child Tax Credit:
 • If your total income will be between \$20,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.
 • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children **G** _____
- H** Add lines A through G and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return. **H** _____
- For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single, have more than one job and your combined earnings from all jobs exceed \$32,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.		OMB No. 1545-0010 1999
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new _____		
5 Total number of allowances you are claiming (from the worksheets on page 2 if they apply)		6 \$		
7 I claim exemption from withholding for 1999, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability If you meet both conditions, write "EXEMPT" here				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (If office, not valid unless you sign it)		Date		
8 Employer's name and address		9 Office code (optional)		10 Employer identification number

Massachusetts Driver's License

Date of Birth Expires Sex Height Class Number

[REDACTED]

[REDACTED]
Signed and Regd

[REDACTED]

[REDACTED]

[SOCIAL SECURITY ACCOUNT NUMBER]

[REDACTED]

SIGNATURE [REDACTED]

FOR SOCIAL SECURITY AND TAX PURPOSES—NOT FOR IDENTIFICATION